

OFFICE OF THE GOVERNOR

GRANTS PROGRAM

CAPITOL, 300 SW 10TH AVENUE, STE. 212S, TOPEKA, KS 66612-1590

FAX: (785) 291-3204

FINANCIAL STATUS REPORT

(Due 20 Days After Close of Each Quarter, or the First Business Day, by 5:00 PM)

**Copies of all receipts, invoices and
payment vouchers must be
attached to this report.**

**E911
CY 2006**

The information provided on this report will be used to monitor grantee cash flow.

No further monies or other benefits may be paid out under this program unless
this report is completed and filed as required by existing law and regulations.

1. NAME AND ADDRESS OF SUBGRANTEE ORGANIZATION	2. GRANT PROJECT NUMBER	3. VENDOR IDENTIFICATION NUMBER OR FEDERAL EMPLOYER IDENTIFICATION NUMBER	4. FINAL REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO
	5. BASIS OF ACCOUNTING <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	6. PROJECT PERIOD FROM: 01/01/2006 TO: 12/31/2006	7. REPORT PERIOD (MO, DAY, YR) FROM: / / TO: / /

GRANT FUND EXPENDITURES AND OBLIGATIONS BY BUDGET CATEGORY

BUDGET CATEGORY	APPROVED BUDGET	PERIOD EXPENDITURES	TO DATE EXPENDITURES	CARRY-OVER	OBLIGATIONS	FUNDS REMAINING
A. Travel/Training Expenditures						
B. Equipment Expenditures						
C. Contractual Services Expenditures						
D. Other Expenditures						
E. Total Expenditures						

CERTIFICATION

CERTIFICATION I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS REPORT IS CORRECT AND COMPLETE AND REPRESENTS ACTUAL EXPENDITURES OF FUNDS FOR THE PERIOD COVERED AND FOR THE GRANT TO DATE.	AUTHORIZED CERTIFYING OFFICIAL (Type or Print)		TELEPHONE NUMBER			
			AREA CODE	NUMBER	EXT.	
	SIGNATURE		DATE		FOR OFFICE OF THE GOVERNOR USE	
					APPROVED BY OFFICE OF THE GOVERNOR	DATE APPROVED

Rev. 11/05